

1201 HAYS STREET
JACKSONVILLE, FL 32201
904-342-086
904-342-086

800-342-086



9500071788

ACCOUNT NO. : 072100000032

REFERENCE : 683508 9150A

AUTHORIZATION :

COST LIMIT :

Patricia Pzyto

ORDER DATE : September 15, 1995

ORDER TIME : 3:22 PM

800001586728

ORDER NO. : 683508

CUSTOMER NO: 9150A

CUSTOMER: Gary T. Iscoe, Esq
DAVID P. GINZBERG, P.A.

Suite 250
1301 North Congress Avenue
Boynton Beach, FL 33426

DOMESTIC FILING

NAME: JUST RECOVERIES, INC.

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol M. Hensal

EXAMINER'S INITIALS:

T. BROWN SEP 18 1995

FILED
SEP 18 AM 11:39
TALLAHASSEE, FLORIDA

295 - 3764

FILED
95 SEP 18 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
JUST RECOVERIES, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

JUST RECOVERIES, INC.

The address of the principal office of this corporation shall be 1505 Hillcrest Drive, Lake Worth, Florida 33461, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The names and addresses of the initial members of the Board of Directors are:

Linda G. Crossman
Dir.

1505 Hillcrest Drive
Lake Worth, Florida 33461

ARTICLE VII. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Scott H. Crossman	1505 Hillcrest Drive
Pres.	Lake Worth, Florida 33461

ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Service Company, has hereunto set their hand and seal of Corporation Service Company on September 15, 1995.

CORPORATION SERVICE COMPANY

By: Gail Shelby
Its Agent, Gail Shelby

FILED
95 SEP 18 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

By: [Signature]
Its Agent, Gail Shelby

GMC/cmh

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000071788**

(If Corporation Name)

JUST RECOVERIES, INC.

FILED

96 NOV 18 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1505 HILLCREST DRIVE
LAKE WORTH FL 33461

Mailing Address

1505 HILLCREST DRIVE
LAKE WORTH FL 33461



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1995

5. FEI Number

105-0650681

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Name of Officers and/or Directors		Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	CROSSMAN, LINDA G	1505 HILLCREST DRIVE	LAKE WORTH FL 33461
P	CROSSMAN, SCOTT H	1505 HILLCREST DRIVE	LAKE WORTH FL 33461

600002010756--S
-11/21/96--01022--003
****375.00 ****375.00

JB11-19-90

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name **LINDA CROSSMAN**
Street Address (P.O. Box Number is Not Applicable)
1505 HILLCREST DR.
State, Apt. #, Etc.
City **LAKE WORTH** State **FL** Zip **33461**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Linda Crossman
REGISTERED AGENT MUST SIGN

Date

11-8-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See off or side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/96 561 586-8142

CR3010 (7/96)